

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007843</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE PALOS HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13259 SOUTH CENTRAL AVENUE PALOS HEIGHTS, IL 60463</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Statement of Licensure Violations  Complaint#1597028/IL82388	S 000		
S9999	Final Observations  300.1210a) 300.1210b) 300.1210d)6) 300.3240a)  Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/29/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007843</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE PALOS HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13259 SOUTH CENTRAL AVENUE PALOS HEIGHTS, IL 60463</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to supervise one resident while being toileted (R1) of three residents reviewed for falls. This failure resulted in R1 falling off the toilet, hitting her head and sustaining a subdural hematoma and hospitalization.</p> <p>Findings include:</p> <p>R1 was admitted to the facility 12/16/15 with diagnoses that include Atherosclerotic heart disease, Cerebral infarction, Cognitive deficits; Hemiplegia, Hemiparesis affecting right dominant side as result of Cerebral infarct.</p> <p>Clinical Note Entry dated 12/24/15 at 9:06am indicates that at 5:15am (on that date) CNA (Certified Nursing Assistant) reported a fall in R1's room. Note indicates "I stepped away to the night stand." Note indicates R1 starting to lean and then hit head on sink. Note indicates that R1</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007843</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/08/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>PROVIDENCE PALOS HEIGHTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13259 SOUTH CENTRAL AVENUE PALOS HEIGHTS, IL 60463</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>was found lying on left side, laying under sink. Note indicates that R1 was transferred to the hospital #1, then later transferred to hospital #2 with "Brain Bleed."</p> <p>On 1/5/16 at 9:40am E11, CNA stated that (on 12/24/15 at 5am) R1 was transferred from her wheelchair to the toilet. E11 stated she then left R1 on the toilet and left the bathroom to go into R1's bedroom to get her dentures. E11 stated that while getting "(R1's) stuff together" she heard a noise in the bathroom and when she looked in the bathroom she found R1 on the floor and went out of the bathroom to get help. E11 acknowledged she was not supposed to leave R1 unattended on the toilet and should not have left R1 unattended on the bathroom floor to get help. R1 also admitted to transferring R1 by herself from the wheelchair to the toilet without a gaitbelt.</p> <p>Client Care Guide dated 12/17/15 indicates that R1 transfers with extensive assist with gait belt, 2 person assist and identifies R1 as a fall risk.</p> <p>On 1/6/16 at 3:15pm Z2, Physician stated "I agree. This resident (R1) should not have been left unattended. Staff should have been there."</p> <p>(A)</p>	S9999			

## IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Providence Palos Heights

DATE AND TYPE OF SURVEY: January 8, 2016 Complaint #1597028/IL82388

### Licensure Violations

300.1210a)  
300.1210b)  
300.1210d)6)  
300.3240a)

#### **Section 300.1210 General Requirements for Nursing and Personal Care**

a) *Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs.*

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

#### **Section 300.3240 Abuse and Neglect**

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.*

This will be accomplished by:

- I. The facility will conduct an investigation of the incident and take appropriate actions. The assessments for all residents identified as high risk for falls will be reviewed for accuracy of the assessment and resident's care plan will be revised as necessary based on the outcome of the review.
- II. All staff will be in-serviced on developing and implementing resident's care plan, providing the necessary care and supervision, and on follow-up assessment and monitoring of residents who are high risk for falls and or need to be reassessed for safety or level of supervision after a fall. The in-services will include all staff and will cover, at a minimum, assessment of resident risk for falls, follow-up of incidents and identifying resident changes or indicators that may require reassessment or other interventions to prevent injury.
- III. Documentation of in-service training, assessments and related follow-up actions will be maintained by the facility.
- IV. The Administrator and Director of Nurses will monitor Items I through III to ensure compliance with this Imposed Plan of Correction.

Completion Date: Ten days from receipt of the Imposed Plan of Corrections.

**Attachment B**  
**Imposed Plan of Correction**